

Risk Assessment – RMU-RA-00

Risk Assessment: Lone working within the Sputum Laboratory

Carried out by: Samantha	Review Date: April 2015– Reviewed
Thulborn	 No changes made.
	Review Date: April 2016

This document assesses the risk for out of hour's access to the Sputum Laboratory, NDMRB and lone working. The procedure covers all staff, students and visitors and is effective from April 2014.

Out of hours working times are regarded as: Between **18.00 and 08:00** Monday to Friday Between **18:00** Friday and **08:00** Monday (weekends) Public and Centre holidays

Staff/students/visitors with out of hour's permission may enter and work in the write up area/ offices of the building out of hours following completion of this assessment and authorised by the NDMRB Building Manager, and direct line manager.

No out of hour laboratory work should be carried out in the sputum laboratory, unless authorised by the sputum Laboratory Manager or the Group Head.



SECTION A – Initial Assessment

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YES/ NO
YES/ NO If the answer is Yes , please continue. If the answer is No , please complete section C, sign & return to H&S Officer.
YES / NO (If No, then they must be supervised during these times)
YES / NO
(If yes, outline below)
If the answer is Yes , please complete s ection B & C , sign & return to H&S Officer. If the answer is No , just complete section C , sign & return to H&S Officer.



SECTION B – Control Measures

For the following activities, assess whether the risk is any greater to the individual working alone, than it would be during normal working hours. If the risk is greater, detail the actions required to limit that risk.

HAZARD	RISK (Delete as appropriate)	CONTROL MEASURES
Radionuclides (SRPS must be consulted)	Greater / Equivalent or Not Applicable	
Liquid Nitrogen	Greater / Equivalent or Not Applicable	
Toxic, Corrosive or Flammable materials	Greater / Equivalent or Not Applicable	
High Speed Centrifugation	Greater / Equivalent or Not Applicable	
Electrophoresis Equipment	Greater / Equivalent or Not Applicable	
Compressed Gases	Greater / Equivalent or Not Applicable	
Biological Material that requires 'Containment Level 2' controls.	Greater / Equivalent or Not Applicable	
Any other Material/Equipment of equivalent risk.	Greater / Equivalent or Not Applicable	



SECTION B cont. – Emergency Procedures

Detail below any Emergency Procedures required, including First Aid, Isolation of equipment, Emergency Contact Numbers, etc.

First Air Boxes	Sited in the Kitchen	
Emergency Eyewash Stations	Sited at both ends of the laboratory	
Emergency Shower	Sited on the 2 nd floor at the end of the lab	
Emergency Spill Kits	?	
Phenol Antidote (PEG300)	Currently not available	
Has the individual undergone	First Aid YES/ NO	
any First Aid or Fire Training?	Fire Training YES/NO	
Detail below one side (First Aid Measured) that are required above the Nermal Energy of		

Detail below any specific 'First Aid Measures' that are required above the Normal Emergency Response

(e.g. Actions to take for a Phenol or Liquid Nitrogen spill)

Detail below any specific Emergency Isolation Procedures for hazardous equipment that are required. (e.g. Isolate electricity at switch or Isolate electricity via Emergency Stop Buttons)

Detail below the names of any specific Emergency Contacts.

In an emergency you are advised to contact **SECURITY** in the First Instance (Tel: 01865-2-89999) In their absence contact:

IN ADDITION – Radiation Workers should note: University Radiation Protection Officer Tel: 01865-2-70811 or alternatively the University Marshall on 01865-2-89999.

Any other requirements:



SECTION C – Final Assessment

All persons working outside 7.00am to 7.00pm, Monday to Friday must:

Sign in, or at least inform Security, of their general whereabouts and an estimate of the time they are likely to be spending in the Centre.

Provided that all specific control measures (as detailed above) are deemed adequate, then the Group Leader can sign to authorise the work & the individual can sign to accept the controls required. A copy should be kept in the Groups H&S Manual, a copy given to the Individual involved and a copy passed to the Building Manager.

Name	
Signature	

Date

Authorisation

Print Name

Signature

Date